

OVER 65 CLUB

MEMBERSHIP APPLICATION

Please provide the following information.
Responses should be printed or preferably typed
then mailed to:

Awards Committee
DHS/Fire & Building Safety/EMS
302 W. Washington St. Rm. E241
Indianapolis, IN 46204

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| |
| CANDIDATE |

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| | |
| CERT LEVEL | CERT NO. |

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| | |
| DATE OF BIRTH | HOME PHONE NO. |

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| PROVIDER AFFILIATION |

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| |
| PROVIDER ADDRESS |

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|------|------------|
| | |
| CITY | STATE, ZIP |

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| |
| PROVIDER PHONE NO. |

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| |
| CHIEF ADMINISTRATOR |

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| |
| PERSON COMPLETING APPLICATION |

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| TITLE | PHONE NO. |

To be considered for this award, the candidate must
be currently certified as an EMT, Advanced-EMT and
be 65 years of age or older.